MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-034565
STATE FILE NUMBER

FILED OCT 2 1962

Registration File No. 440 Primary Registration District No. 3024 Registrar's No. 77

1. PLACE OF DEATH

a. COUNTY: Howard

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fayette, Missouri

Length of stay in 1b: 1 hr.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lee Hospital

Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Boone

c. CITY OR TOWN: Harrisburg — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS: Perche Twp. (If outside, give location) — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First: ERNEST Middle: Last: WALDEN

4. DATE OF DEATH — Month: SEPT. Day: 26 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 11/22/1868

9. AGE (last birthday): 93

IF UNDER 1 YEAR — Months | Days — IF UNDER 24 HR — Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (City and state or country): Howard County, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Hancock Walden

13b. MOTHER'S MAIDEN NAME: Rebecca Jane Todd

14. NAME OF HUSBAND OR WIFE: Florence Patrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.

17. INFORMANT: Dorothy Walden, Harrisburg, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) _Coronary Thrombosis_ — Immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _Chronic Arteriosclerosis_ — 5 yrs

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION | COUNTY | STATE

MEDICAL CERTIFICATION

21. I attended the deceased from 9-26-62, to 9-26-62 and last saw her/him alive on 9-26-62

Death occurred at 4. P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm Bloom (Degree or title) M.D.

22b. ADDRESS: Fayette Mo

22c. DATE SIGNED: 9 28 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/29/1962

23c. NAME OF CEMETERY OR CREMATORY: City Cemetery

23d. LOCATION (City, town, or county): Fayette, Missouri (State)

24. FUNERAL DIRECTOR: Ralph A. Carr ADDRESS: Fayette, Mo.

25. DATE RECD. BY LOCAL REG.: 9-28-62

26. REGISTRAR'S SIGNATURE: Katherine Welsh

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____*Ralph A. Carr*_____

Licensed Embalmer No. *3340*

P. O. Address *Fayette, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.